

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Benefits and Quality Monitoring Division

Street Address

1000 G Street, Suite 450

Area Code/Phone Number

916 327-8011

E-mail

drushton@mrmb.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

Date Stamp

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: _____
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

California Hospital Association - RHC

Name

1215 K Street, Ste 800

Sacramento

CA

95814

Address

City

State

Zip Code

The CHA Rural Health Care Center (RHC) advocates for the needs and interests of rural hospitals.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name

\$

Amount

Name

\$

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

March 3-4/2010

\$

\$550.00

(month, day, year)

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel N/A

Date(s) of Travel

\$

0

Transportation Expenses

\$

0

Lodging Expenses

\$

0

Meal Expenses

\$

0

Other Expenses

\$

0

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

The CHA Rural Health Care Center registered Sarah Swaney for the 25th Annual Rural Health Policy Symposium held in Sacramento, California.

Identify the officials for whom the payment was used:

Swaney

Sarah

Staff Services Manager I

MRMB, Benefits

Last Name

First Name

Title

Department/Division

Last Name

First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)